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*Working well together*”

# CDH Gold

An innovative health benefits plan  
for State of Delaware employees



BlueCross BlueShield  
of Delaware



## CDH Gold from Blue Cross Blue Shield of Delaware

Consumer-directed health (CDH) plans combine a health benefits plan with the convenience of a personal spending account. These innovative plans are an increasingly popular option because they allow employers to offer quality health benefits at an attractive rate, while helping to cover employees' out-of-pocket costs through a spending account.

As a State of Delaware employee, you have the option to select a CDH plan during open enrollment. Called the CDH Gold Plan, it provides you with comprehensive, reliable coverage at an affordable monthly rate. Additionally, most preventive care and well-visits are covered in full — with no deductible — if you use an in-network doctor.

## What is the CDH Gold Plan?

The CDH Gold Plan has many of the popular features of our Preferred Provider Organization (PPO) health benefits plans, with two important differences. First, the plan has a higher deductible than standard plans. Second, the CDH Gold Plan has an employer-funded Health Reimbursement Arrangement (HRA), a spending account to help pay for out-of-pocket expenses.

During the 2012–2013 plan year, the deductible for Individual plans (employee only) is \$1,500, and the State of Delaware will contribute \$1,250 to the HRA. For Family plans (employee and spouse/children) the deductible is \$3,000, and the State will contribute \$2,500 to the HRA.

### The CDH Gold Plan has the following advantages:

- Lower premium costs than traditional health plans
- Most preventive and well-visits covered at 100 percent — with no deductible
- Access to any doctor or specialist in the BlueCard® network — without a referral
- Blue Cross Blue Shield of Delaware (BCBSD) network provider savings — access to health care services at a lower cost when you stay in-network
- Automatic claims payments from your HRA to in-network BCBSD providers. Available funds are automatically withdrawn from your HRA for deductible expenses and sent to the provider. You don't pay your provider upfront and then file for reimbursement.
- Convenient online account management, including tools to track your HRA funds, health plan deductible and claims submissions

### The CDH Gold Plan has the following advantages:

- The first \$1,250 (\$2,500 for families) in deductible expenses are covered by your employer-funded HRA
- Once you reach \$1,250 (\$2,500 for families), you are financially responsible for the remaining \$250 (\$500 for families) of your deductible
- Once you satisfy your deductible, you will then share the cost of care with your Plan — your Plan will pay 90 percent for in-network services. You will pay the remaining 10 percent (called coinsurance) for in-network services until you reach your coinsurance maximum of \$3,000 (\$6,000 for families). For out-of-network services, you will pay the remaining 30 percent until reach your coinsurance maximum of \$6,000 (\$12,000 for families).\*
- After you reach the maximum, your Plan will pay 100 percent for covered benefits
- Any unused HRA funds will be rolled over into your next plan year and can be applied to future deductible or coinsurance expenses

\* In- and out-of-network coinsurance amounts accumulate together.

# How the CDH Gold Plan Works

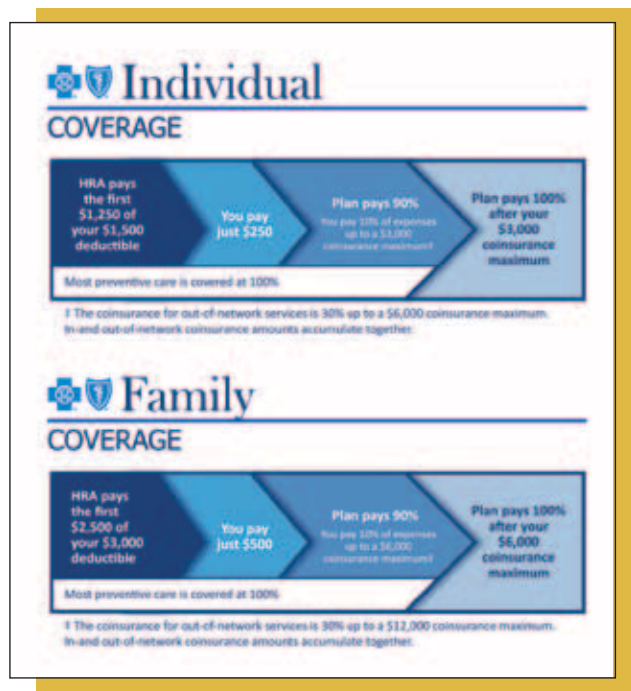


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**With the CDH Gold Plan, your benefits function similarly to a standard PPO Plan — but you get the added advantage of HRA funding from your employer to pay for eligible services.**

## Here's how it works when you obtain medical care:

- Step 1: When you visit a doctor, you don't need to pay anything at the time of service. Your provider submits the claim to BCBSD for processing.
- Step 2: BCBSD processes the claim and then determines the amount\* to be paid to the provider.
- Step 3: If your deductible has not been met, payment from your available HRA account funds is automatically sent to your provider.\*\*
- Step 4: For each medical expense, an Explanation of Benefits (EOB) from BCBSD provides you with claims information for your records. You can also use it as a way to check your remaining deductible balance or coinsurance amounts.
- Step 5: After your deductible is satisfied, you share, in part, the cost of your medical care. Your Plan pays 90 percent for services from in network providers and 70 percent for out-of-network providers. You are responsible for the remaining amounts.
- Step 6: You are protected by a coinsurance maximum†, which is the most you would pay in a given year toward coinsurance. If you reach your maximum, your benefits are covered at 100 percent for the remainder of the plan year.
- Step 7: Any balance remaining in your HRA rolls over into your next plan year and can be applied to future deductible or coinsurance expenses.



\* BCBSD has negotiated discounts with doctors, hospitals and other health care professionals in our network. This usually translates into lower out-of-pocket costs for you. By using an in-network provider, the provider agrees to accept payments for your covered services based on the "allowed amount" (the maximum BCBSD will pay for covered services), so your coinsurance is based on this lower amount.

\*\* HRA reimbursement payments for services received by an out-of-network or out-of-state provider (for example, a provider that participates with a Pennsylvania Blue Plan) will be sent to you, not the provider. You will then be responsible for paying the provider, based on the amount indicated on your Explanation of Benefits.

† There is a separate out-of-network coinsurance limit. In-and out-of-network coinsurance amounts accumulate together. With the CDH Gold Plan, you have access to the largest provider network in Delaware, and more than 90 percent of hospitals and 80 percent of doctors nationwide. That means the majority of your health care can be provided in-network.



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The more you know,  
the more effectively you  
can manage your health  
care costs.



The tools and resources at **bcbdsde.com** encourage you to take an active role in your health care. Our website provides you with comprehensive information and tools to track health care dollars and help you stay healthy.

## Customer Self-Service

CDH Gold Plan members can track deductible amounts and available HRA funds online at **bcbdsde.com**. In addition, you have access to the same helpful self-service tools as other BCBSD members including, viewing your EOBs, checking the status of a claim, or changing your address.

## My BlueConnection

BCBSD's health and wellness site is your online source for healthier living. *My BlueConnection* offers a library of health information — featuring adult and pediatric health terms, medical test and procedure information, healthy recipe and nutrition tips. It also includes more than ten condition- or behavior-specific risk assessments, which can help determine an individual's likelihood of developing common medical conditions.

## Hospital Comparison Tool

Choosing where to go for a medical procedure is an important decision. The hospital comparison tool provides you with the ability to search and compare the success rates of specific procedures at hospitals throughout the country. If you have the option to choose which hospital to use for a medical procedure, this tool can help you make an informed decision by comparing performance factors that are important to you.

## Find a Doctor

Our online BCBSD provider directory is the most up-to-date resource for finding a doctor, lab or specialist who is a BCBSD in-network provider. This directory allows you to search by zip code, county, state or town/city. To learn more about a physician or practitioner, such as board certification status or languages spoken, visit us online at **bcbdsde.com** and click on Find a *Doctor, Lab, or Hospital*. To find in-network providers outside of Delaware, you can call BlueCard Access at 800.810.BLUE (2583) or visit the BlueNational Doctor and Hospital Finder at **www.provider.bcbds.com**.





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## CDH Gold Plan Common Questions

### **Q. What is a Health Reimbursement Arrangement (HRA)?**

A. An HRA is an employer-funded reimbursement account that provides employees with dollars to pay for medical expenses that are applicable to your deductible and/or coinsurance. During your 2012–2013 plan year, the State of Delaware will contribute more than 80 percent of your deductible through the HRA. For individuals, the HRA will be \$1,250; for family coverage, the HRA will be \$2,500.

### **Q. Do I have to pay my providers at the time of service?**

A. No. To make it easy for you, payment from your HRA will automatically be sent to your in-network BCBSDE provider if your deductible has not been met and you have funds available in your HRA. Your provider will submit your claims to BCBSDE.\* Then, we will determine the payment amount and handle the payment for you. Once your deductible has been met, you can reference your EOB to determine the amount you are responsible for paying to your provider as coinsurance. Your provider will bill you directly for that amount.

### **Q. Who manages the HRA account?**

A. The State of Delaware's HRAs will be managed by BCBSDE. As a result, we will process any reimbursement requests from your HRA for you.

### **Q. How do I track my HRA balance?**

A. Your HRA balance can be tracked online in a private and secure manner. To check your available HRA balance, you can visit [bcbdsde.com](http://bcbdsde.com), click on *Pre-Tax Benefits Program* under the *Members* drop-down menu. Using a personal password, you can then access the site and review your information.

### **Q. Do I have to validate eligible expenses?**

A. No, because eligible claims are being automatically processed by BCBSDE and then processed for reimbursement from your HRA, you will not need to validate the expenses.

### **Q. What happens to my HRA balance at the end of the year?**

A. If you remain in a State of Delaware CDH Gold Plan, unused funds in the HRA account will roll over to the following year and you can use them for future deductible and coinsurance expenses.

### **Q. What happens to my HRA balance if I retire before age 65?**

A. If you retire before age 65, but stay in a State of Delaware CDH Gold Plan, your HRA funds will remain unchanged.

### **Q. What happens to my account if I leave my current employer?**

A. HRA accounts are not portable. If your employment ends, you will not be able to take the balance with you.

### **Q. Can I submit a manual claim for HRA reimbursements?**

A. If you use an out-of-network or an out-of-state provider, you may have to pay the entire cost at the time of service. In those situations, simply send BCBSDE a customer claim form along with itemized receipts. To download a customer claim form, visit [bcbdsde.com](http://bcbdsde.com), then select *Downloadable Forms* under the *Members* drop-down menu to locate the appropriate form. We will process the claim according to your benefits plan, then, any expenses applied to your deductible will be automatically submitted for potential reimbursement from your HRA. If HRA funds are available, payment will be sent to you. Reimbursements are paid weekly.



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# Examples of How CDH Gold Can Work for You

CDH Gold plans are suitable for members with a variety of health care needs. Here are some examples\* of how the plan works — and how it could positively impact your health care costs



**Example 1:** Jack, Tanya, Sarah and Ben see their doctors routinely for preventive care. The family members may catch the occasional cold or flu, but are otherwise in good health. As with any family, sometimes accidents happen. While practicing with her cheerleading team, seven-year-old Sarah breaks her wrist.

<b>Their CDH Gold Plan:</b>	<b>\$3,000 family deductible</b> \$2,500 funded by employer into their HRA \$500 family responsibility toward the deductible
Annual expenses for preventive care, screenings and well-visits:	<b>\$440. No cost to the family</b> — the \$440 is covered in full by their CDH Gold Plan (first-dollar coverage; no deductible)
Annual expenses for sick visits and other services:	\$1,200, which includes three doctor visits for the flu and services related to Sarah's broken wrist (medical aid unit visit, x-ray, physician visit and cast). No cost to the family — the \$1,200 is reimbursed from their employer-paid HRA and sent directly to the providers they have seen.
Their annual financial responsibility:	<b>\$864 in premiums</b> Since the family used only \$1,200 from the employer-funded HRA, the remaining \$1,300 rolls over and can be used for deductible and coinsurance expenses in the following year.



**Example 2:** Susan is in her mid-40s and is an avid skier. She is healthy and rarely misses work due to illness. She goes to her doctor(s) for routine check-ups and recommended preventive screenings. During one of her monthly trips to the slopes, Susan falls in a skiing accident.

<b>Her CDH Gold Plan:</b>	<b>\$1,500 individual deductible</b> \$1,250 funded by employer into her HRA \$250 individual responsibility toward the deductible
Annual expenses for preventive care, screenings and well-visits:	<b>\$160. No cost to Susan</b> — the \$160 is covered in full by her CDH Gold Plan (first-dollar coverage; no deductible)
Annual expenses for sick visits and other services:	\$2,500 as a result of her skiing accident (emergency department visit, MRI, physician charges, ten stitches and follow-up care). \$1,250 is reimbursed from her HRA. She pays \$250 to satisfy her deductible. Of the remaining \$1,000 cost, Susan pays \$100 (10 percent coinsurance) while her CDH Gold Plan pays the balance of \$900 (90 percent).
Her annual financial responsibility:	<b>\$216 in premiums</b> \$250 toward satisfying her deductible + \$100 coinsurance from the skiing accident Total: \$566

\*The costs used in these examples are for demonstration purposes only and may not reflect the actual cost of services.



# CDH Gold Plan — At a Glance



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**CDH Gold Plan —  
Your health benefits  
at a glance.**

Spending Account Information	Individual	Family
Employer-funded HRA	\$1,250	\$2,500
Benefit Details	In-Network	Out-of-Network
Deductible (Individual/Family)	\$1,500/ \$3,000	\$1,500/ \$3,000
Coinsurance	Plan pays 90% *	Plan pays 70% *
Coinsurance Maximum (Individual/Family)	\$3,000/ \$6,000	\$6,000/ \$12,000
Preventive and Well-Child Care	Plan pays 100% (no deductible)	Plan pays 70% (no deductible)
Office Visit	Plan pays 90% *	Plan pays 70% *
Laboratory/Radiology	Plan pays 90% *	Plan pays 70% *
Hospital Care	Plan pays 90% *	Plan pays 70% *
Emergency Department Care	Plan pays 90% *	Plan pays 90% *

\* Plan pays 90% after the deductible for in-network services and 70% after the deductible for out-of-network services, then pays 100% for benefits once your coinsurance maximum is reached.

† Prescriptions are provided through the prescription benefits manager, Medco, and prescription copays are not applicable to the medical deductible or out-of-pocket maximum.

## Questions during Open Enrollment? We’re here to help

During your open enrollment, we encourage you to contact us at 302.429.0260 or 800.633.2563 to speak with a customer service representative about how this plan can work for you.

## CDH Gold — and Blue: A Winning Combination

When you choose the CDH Gold Plan, you’re choosing a plan from the most trusted name in health care. BCBSD offers the largest network of doctors, labs and hospitals in Delaware. And, you’re covered when you travel in the United States throughout the BlueCard® national network.



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**To see all the ways we're working well together with you, visit us online at [bcbsde.com](http://bcbsde.com)**

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